

# Kindergarten Only

Please help us get to know your child by filling out the bottom portion of this form and adding any additional comments **on the back**. Remember to include this information with your child's registration packet and return to the office.

*Your child is growing and changing everyday and may not demonstrate competency in all skill areas!*

## **Please rate your child using a 1 through 5 scale:**

1=rarely	2=occasionally	3=sometimes	4=most of the time	5=consistently
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- |  |   |
|--|---|
| <input type="checkbox"/> Sits quietly while listening to a short story   | <input type="checkbox"/> Is an eager learner              |
| <input type="checkbox"/> Uses appropriate bathroom skills  | <input type="checkbox"/> Asks many questions              |
| <input type="checkbox"/> Has an extensive vocabulary   | <input type="checkbox"/> Recognizes first name in writing |
| <input type="checkbox"/> Can verbalize first and last name   | <input type="checkbox"/> Can dress themselves             |
| <input type="checkbox"/> Can complete a two-step simple direction  | <input type="checkbox"/> Can name the eight basic colors  |
| <input type="checkbox"/> Can engage in a socially appropriate conversation   |   |
| <input type="checkbox"/> Shows an interest in paper/pencil activities  | <input type="checkbox"/> Eagerly gives opinion            |
| <input type="checkbox"/> Has had experience singing the alphabet song  | <input type="checkbox"/> Can count 10 objects             |
| <input type="checkbox"/> Can count 1 to 20 orally  | <input type="checkbox"/> Knows most upper case letters    |
| <input type="checkbox"/> Knows some letter sounds  | <input type="checkbox"/> Knows many lower case letters    |
| <input type="checkbox"/> Is learning to take responsibility for own belongings (coat, school bag, etc.)                                  |   |
| <input type="checkbox"/> Has been encouraged and tries to grip crayon correctly  |   |
| <input type="checkbox"/> Has had frequent experience cutting with scissors and holding scissors correctly with scissor thumb oriented up |   |
| <input type="checkbox"/> Tries to write first name using lower case letters with a capital at the beginning                              |   |
| <input type="checkbox"/> Verbalizes or tries to verbalize frustrations and problems rather than physically acting out                    |   |

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing Address

**Feel free to add comments on the back of this page**

Parent Comments: